

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>38452264</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$						
		8 TO BE REFUNDED BY:								
		Treasury Check								
10 REASON:		Credit Deposit A/C #:								
	Overpayment	<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">--</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> </div>					--			
					--					
	Duplicate Payment									
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY: _____										
TYPED/PRINTED NAME: _____		TITLE: _____								
SIGNATURE: _____		<small>           RECEIVED: 06/21/2005 PKIDUELL 0017034900            PHONE: Name/Number: 10522264         </small>								
OFFICE: _____		\$500.00 CR								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**